



Michigan Department of Environmental Quality, Waste And Hazardous Materials Division

MOTOR CARRIER REGISTRATION AND PERMIT FOR THE UNIFORM PROGRAM
APPLICATION FOR LIQUID INDUSTRIAL WASTE TRANSPORTATION

Required by Part 121, Liquid Industrial Wastes, Part 111, Hazardous Waste Management, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended and the Hazardous Materials Transportation Act, 1998 PA 138.

REVIEW THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION

Part I. Registration Application

1a. Applicant name:	1b. Employer ID number:
2. Mailing address (including zip code):	3. Street address, if different (include zip code):
4. Person to contact concerning this application:	6. Contact phone:
5. Contact title:	7. Contact FAX:
8a. USDOT Motor Carrier No.(Required for all interstate transporters):	8b. State ID No., for intrastate carriers:
9a. USDOT HazMat Registration Number, if applicable. (Most recent number, changes annually):	9d. Do you transport hazardous waste: _____ Yes _____ No
9b. Federal EPA Transporter Identification No., if applicable:	9e. Do you transport hazardous material: _____ Yes _____ No
9c. MDEQ assigned Transporter Identification Number:	9f. Do you transport used oil: _____ Yes _____ No
10. Emergency phone number at which the carrier can be contacted (including answering machines or voice mail):	
11. Information provided on this application covers the previous 12 month period: Calendar Year 20____ or Fiscal Year--From _____ to _____	
12. FLEET INFORMATION	
a. Average number of power units owned, leased or operated for the time period indicated in Part I, Item 11, _____ Under 10,000 lbs. GVW; _____ At or above 10,000 lbs. GVW	
b. Percentage of all transportation activity involving LIW: _____	
c. Percentage of all transportation mileage in Michigan: _____	
13. Provide the average number of transportation cargo units owned, operated, or leased, during the twelve month period indicated in Part I. _____	

Part II: Permit Application

Section A. Corporate Structure

<p>1. Type of Carriage</p> <p>a. <input type="checkbox"/> Interstate (in-state and out-of-state) <input type="checkbox"/> Intrastate (in-state only) -----</p> <p>b. <input type="checkbox"/> Private (transport own waste only) <input type="checkbox"/> For Hire (contract with other customers) <input type="checkbox"/> Other, describe: _____ _____ _____</p>	<p>2. Type of Business</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, describe: _____</p>
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3. Number of years that the applicant has transported:

a. LIW _____ years b. Hazardous Materials _____ years

Section B. Permits Withdraw, Denied, Suspended, or Revoked

Has the applicant had a transportation license, permit, or registration withdrawn, denied, suspended or revoked by any state, local, or federal agency in the last three years?

☐ Yes ☐ No

If yes, indicate the action taken (e.g. suspension), the date of the action, the jurisdiction taking the action, and whether the registration, license, or permit was reinstated. **THIS INFORMATION SHOULD BE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION.**

Section C. USDOT Safety Rating

If available, provide the most recent USDOT Safety Rating.

☐ Satisfactory ☐ Conditional
☐ Unsatisfactory ☐ Unrated

Section D. History of Applicant's Violations Related to the Transportation

1. Has the applicant been assessed or paid any fines and penalties relating to transportation activities, except for parking violations.

☐ Yes ☐ No

If yes, provide the following information for each violation:

- Date of assessment,
- Amount of assessment,
- Issuing agency,
- Type of violation,
- Type of LIW, hazardous material and/or other commodity involved, and
- Final agency assessment.

INFORMATION SHOULD BE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION.

2. Has the applicant been fined or convicted in the last three years for transporting without a

required registration, permit, license, or similar type of credential?

☐ Yes ☐ No

If yes, provide the following information for each fine or conviction:

- Date of fine/conviction,
- Issuing agency,
- Type of violation, and
- Type of LIW, hazardous material and/or other commodity involved.

INFORMATION SHOULD BE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION.

3. Has the applicant's parent company, any subsidiary, and/or corporate officer or director of the parent or any subsidiary, and/or corporate officer or director of the parent or any subsidiary been convicted, assessed, paid, or otherwise found culpable in legal proceedings relating to transportation with penalties in the last three years?

☐ Yes ☐ No

If yes, provide the following information for each legal proceeding:

- Fines/penalties/judgments levied,
- Date of the action,
- Nature of the violation,
- Cause or reason for the action, and
- Remedial action taken to mitigate the situation, if any.

INFORMATION SHOULD BE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION.

Section E. Transportation Incidents

Has the applicant been involved in transportation incidents/accidents that resulted in any of the following in the last three years?

- A person is killed,
- A person receives injuries requiring his or her hospitalization,
- Estimated carrier or other property damage exceeds \$1,000,
- An evacuation of the general public occurs,
- One or more transportation arteries or facilities are closed.

☐ Yes ☐ No

If yes, provide the following information for each incident/accident:

- Date,
- Location,
- Cause of the incident/accident,
- Details of the remediation process, and
- Agency that supervised the remediation.

INFORMATION SHOULD BE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION.

Section F. Michigan Terminals

List the address of all applicable terminals owned or operated by the applicant located in Michigan: _____

NOTE: For purposes of the Michigan LIW Uniform Program, “terminal” is defined as a facility owned, leased or operated by the applicant where:

- ***Applicant’s motor vehicles used for transportation are loaded, unloaded or dispatched incidental to transportation;***
- ***Applicant’s motor vehicles used for transportation are cleaned, maintained or inspected;***
- ***Applicant’s motor vehicles used for transportation are fueled or repowered;***
- ***Applicant stores materials incidental to transportation; or***
- ***Applicant maintains records related to transportation including vehicle maintenance files, hours-of-service records, and manifests.***

NOTE THAT ALL SECTIONS G, H AND I MUST BE INITIALED IN THE BOX TO THE LEFT OF THE CERTIFICATION.

<i>Initials</i>	Section G. Inspections
	“I certify that, to the best of my knowledge, all applicant owned and operated vehicles have received a periodic inspection within the past year under the requirements detailed in 49 CFR 396.17 (adopted in Act 181, PA 1963, as amended).”
<i>Initials</i>	Section H. Financial Responsibility
	“I certify that, to the best of my knowledge, the applicant has a properly executed Form MCS-82 or MCS-90, and has in effect and will maintain the minimum level of financial responsibility of \$750,000 or \$300,000 for vehicles under 10,000 pounds gross vehicle weight.” Provide copy of Form MCS-82 or MCS-90.
<i>Initials</i>	Section I. Other Certifications
	1. “I certify that, to the best of my knowledge, all of the applicant’s drivers subject to 49 CFR 383 have a current commercial driver’s license.”
	2. “I certify that, to the best of my knowledge, the applicant is in compliance with 49 CFR Part 382 regarding drug and alcohol testing (adopted in Act 181, PA 1963, as amended).”
	3. “I certify that, to the best of my knowledge, the applicant is in compliance with 49 CFR Part 392 regarding driving motor vehicles (adopted in Act 181, PA 1963, as amended).”
	4. “I certify that, to the best of my knowledge, the applicant is in compliance with 49 CFR Part 395 regarding hours of service or the Michigan provisions (adopted in Act 181, PA 1963, as amended).”
Section J. List of Attachments Itemize the attachments included with this application.	
Part III: General Application Certifications	

I understand that as the **owner/officer** of this company any information contained in this application may be verified through either a desk audit or on-site audit.

If this is a renewal of a current permit, I certify that, to the best of my knowledge there are no changes to the information which was originally provided in Part II. If changes have occurred in Part II, I have checked the box below and listed the changes in the space provided.

I, the undersigned, swear and affirm that the statements, documents and certifications in this application and attachments are true and correct. Additionally, the removal, transportation and disposal of liquid industrial waste will be done in accordance with the requirements of Part 121, Liquid Industrial Wastes, Michigan Compiled Laws (MCL) 324.12101 et seq. and Part 111, Hazardous Waste Management (Used Oil), MCL 324.11101 et seq. of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and any administrative rules promulgated. I understand and affirm the authority of the Department of Environmental Quality, the Department of State Police, Department of Natural Resources, or the local law enforcement agency to perform reasonable inspections on transportation vehicles, equipment, and facilities.

Name (Owner/Officer)
(Please type or print)

Title

Telephone

Signature

Date

False statements may violate state law, may incur penalties, and may invalidate the registration and permit form.

It is strongly recommended that you visit the FMCSA web site to review your company's security procedures against these recommended strategies:

www.fmcsa.dot.gov/hazmatsecure.htm

This application, Attachment A, MCS-90 and appropriate fees must be mailed to:
CASHIERING
MICHIGAN DEPARTMENT of ENVIRONMENTAL QUALITY
PO BOX 30657
LANSING MI 48909